

## PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION

(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department				Management BARS Code:		
TU	- Koad UPS	150.200.	6200	5429).46.0030		
Report	Employee Name John Hoppe					
	Division, Section, Etc. Openation	•	253-	798-6000		
	Work Address		Work Phone			
Person Injured/Involved in the Accident or	Name N/A			Age		
	Home Address		Home Phon	e		
	Occupation		- P- 88			
	Employed By:		Work Phone			
	What was the involved person doing at the time of accident or in	ncident?				
Date, Time and Place	Date 2-16-10 Time	11:20	(M.)	P.M.		
	Location 3502 289 SF	E				
The Injury	Nature and extent of injury					
	Where was injured taken after accident?	Name of De	octor			
	Why was injured on premises?			3.		
Property Damage or Theft of Property	Owner's Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Home Phor	ne		
	Address		Work Phone	0.573 1311		
	List damage: Lex posed by	in cutter	1 000	J. 4 13 1017		
	CAlled into quest by	Police Case #:				
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) Phone	1	ine	from		
			on of	the groken		
	1 1	was now		Water Committee of the		
		11/10	Circli	l and got i'm		
	Locates Required? YES NO	Locate #: MOW	y bush	lade and cut		
Describe 1st Aid:		KS - Did person resume				
Witnesses	Name Address	Wk Phone	-	Hm Phone		
	Name Address	Wk Phone		Hm Phone		
	Date, location and badge # or name of police authority to whom	incident was reported:	1000			
Date	Signature of Employee	Signature of Departmen	nt or Agency I	Head		
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	The work	人。1.16~	フノし	~		

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT 955 Tacoma Avenue South, Suite 303 Tacoma, WA 98402



